PLACE OF BIRTH

# ARIZONA STATE BOARD OF HEALTH

1. County of _Gila_

District of _San Carlos_

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. _190_

County Registrar No. _____

Local Registrar No. _____

Town of _____

or

City of _____  No. _____  St., _____ Ward
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child _Jessie Johnson_   {If child is not yet named, make supplemental report, as directed.

| 3. Sex of Child | To be answered ONLY in event of plural births. | 4. Twin, triplet or other _____ | 6. Legitimate? | 7. Date of birth _6 - 30 27_ |
|---|---|---|---|---|
| _Female_ | | 5. No., in order of birth _____ | _yes_ | Month Day Year |

| 8. FATHER | 14. MOTHER |
|---|---|
| Full name _Gilbert Johnson_ | Full maiden name _Ethel Casoose_ |
| 9. Residence (Usual place of abode) _San Carlos Ariz_  If non-resident, give place and state. | 15. Residence (Usual place of abode) _San Carlos Ariz_  If non-resident, give place and state. |
| 10. Color or race _4/4 Indian_  11. Age at last birthday _34_ (Years) | 16. Color or race _4/4 Indian_  17. Age at last birthday _25_ (Years) |
| 12. Birthplace (city or place) _San Carlos_ (State or country) _Ariz_ | 18. Birthplace (city or place) _San Carlos_ (State or country) _Ariz_ |
| 13. Occupation _Common Laborer_  Nature of industry | 19. Occupation _Housewife_  Nature of industry |

| 20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.) | (a) Born alive and now living _2_ (b) Born alive but now dead _0_ (c) Stillborn _0_ | 21. Were precautions taken against ophthalmia neonatorum? _yes_ |
|---|---|---|

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _born alive_ at _3_ P. m. on the date above stated
(Born alive or stillborn.)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature _C H Sawyer M.D._
(Physician or midwife).

Address _San Carlos Ariz_

_C H Sawyer_

Given name added from a supplemental report _____
Month, day, year

_115 - 630 - 525_
Registrar

Filed _____, 19____

Filed _____, 19____

Local Registrar.

County Registrar.